

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091719316 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	C - C					
5	1					
6	C - C					
7	1					
8	1		1			
9	1			1		
10	4		3			
11	1		1			
12		1				
13	2			2		
14	2				2	
15	1					
16	(1)					
17	(1)					
18	(1)			2		
19	(1)			2		
20	(1)			2		
21	(1)			2		
22	1		1			
23		1				
24	2			2		
25	(1)				2	
26	(1)					
27	(1)					
28	(1)					
29						
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45						
46						
47						
48						
49						
50						
TAL	4		4			
TAL		2		2		
TAL	2					
TOTAL CLAIMS	32		31			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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57								
58								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								